

CRANE OPERATING PERMIT

Contractor shall complete this form and submit (1) copy to the Contracting Officer at least 24 hours prior to bringing any crane on Navy property. This form shall be signed by an official of the company that provides cranes for any application under this contract. Contractor shall submit a separate form for each job, the permit will be valid only for the job specified. Post a valid signed copy of this permit on the crane prior to arriving on Navy property. Cranes will **NOT** be allowed to operate until a Contracting Officer's Representative has completed a quality assurance check, and signed the block below. All crane operations are subject to periodic surveillance by the Crane Surveillance Team. All cranes must have a valid Waterfront Operational Permit prior to working on any Navy owned pier.

LOCATION: (Include Sketch if required)

DATE (S) OF CRANE OPERATION:

DESCRIPTION OF WORK:

CONTRACTING OFFICE: GOV. REP.

CONTRACTING OFFICER /
PHONE

CONTRACT NUMBER:

PRIME CONTRACTOR:

POINT OF CONTACT / PHONE:

CRANE CONTRACTOR:

POINT OF CONTACT / PHONE:

CRANE MANUFACTURER:

MODEL:

CAPACITY

CRANE ID #:

GROSS VEHICLE WEIGHT:
TRAVEL:
OPERATING:

MAX LIFT DURING
OPERATION:

MAX OUTRIGGER LOAD
DURING OPERATION:

CRANE OPERATOR'S NAME(S):

I certify that:

1. The above noted crane conforms to applicable OSHA regulations (host country regulations for naval activities in foreign countries) and ASME B30 as required. The following regulations apply: _____

2. That the operators noted above have been trained and are qualified for the operation of the above noted crane.

3. That the operators noted above have been trained not to bypass safety devices during lifting operations.

COMPANY OFFICIAL: (signature)

PRINTED NAME / TITLE:

DATE:

**TO BE COMPLETED BY CONTRACTING OFFICER'S REPRESENTATIVE
PRIOR TO ACCESSING NAVY PROPERTY**

ACCESS AUTHORIZED: (signature)

PRINTED NAME:

DATE

**TO BE COMPLETED BY CONTRACTING OFFICER'S REPRESENTATIVE
AFTER COMPLETING QUALITY ASSURANCE CHECK**

Q/A CHECK COMPLETE: (signature)

PRINTED NAME:

DATE

POST ON CRANE
(IN CAB OR VEHICLE)

**IN-PROCESSING SHEET
FOR
CONTRACTOR'S CRANE-ENTRY PACKAGE**

Today's Date _____

Tracking number _____

Gov. Contracting office _____

Gov. Contractor's officer name _____

Gov. Contractor's phone # _____

Crane packet was received on - date _____ time _____

Job will start on - date _____ time _____ location _____

1. Was the entry package complete? Yes or No

2. Person name that reviewed & completed the packet: _____

Return the submittal or memo with tracking number to the Gov. Contraction officer.

Date _____, time _____ reply was sent.

Comments

Corrective items comments

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CONTRACTOR CRANE/WHE PRE-ENTRY CHECKLIST

Contracting Office:	Contractor's Package Rec'd:	Proposed Date(s) of Entry:	Prime Contractor:	Prime Contractor POC:	POC Phone:
			Contracting Officer:	Phone:	Contract Number:
Crane Supplier / Phone (If different from prime contractor):			Serial number	Approved/Qualified Operator(s) and Rigger-in-Charge:	
Equipment Manufacturer			Equipment Model	Equipment Number	1.
Manufacturers Maximum Rated Capacity:			Heaviest Lift		2.
Cert. Type			Exp. Date	Equipment Setup Site:	Lift Type:
Quadrennial:					<input type="checkbox"/> Critical
Annual:					<input type="checkbox"/> Routine
Equipment Type at Check in Point				Boom Type	
<input type="checkbox"/> Mobile RT <input type="checkbox"/> Floater <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Mobile Truck <input type="checkbox"/> Mobile on barge <input type="checkbox"/> Crawler <input type="checkbox"/> Boom truck If Boom Truck, will boom be used for lift? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, does Boom Truck have required papers? <input type="checkbox"/> Y <input type="checkbox"/> N				Telescopic manufactured after 02/28/92? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Lattice manufactured after 02/28/92? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Equipped with Anti Two-Blocking device? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA Boom free of obvious defects? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	
Equipment at Check in Point Same as identified in submitted crane/WHE package? Y N List / trim angle indicator visible to operator while at controls? Y N NA Configured same as identified in submitted crane/WHE package? Y N Calibrated Load Moment / Load Indicator present in operator's cab? Y N NA All Hoist Block Hooks equipped with positive latching device? Y N Crane equipped with appropriately rated fire extinguisher? Y N NA Hoist wire rope free of obvious defects? Y N NA Crane equipped with spill containment kit? Y N NA					
Hoist wire rope dead ended with: Poured Socket? Y N Wedge Socket? Y N Swage Socket? Y N If wedge type socket, is pig tail clamped correctly? Y N					
Operator at Check in Point in Possession of: Completed Certificate of Compliance? Y N Copy of Required Crane/WHE Certifications ? Y N NA Current Crane/WHE Operator Qualifications? Y N NA Copy of Approved Lift Plan? Y N NA Copy of approved Ground Loading restrictions for all set up/work locations Y N NA Approved cribbing plan and cribbing at pass office prior to entry? Y N NA Load Rating Charts visible to operator while at controls? Y N NA Boom angle indicator visible to operator while at controls? Y N NA Rigging gear free of obvious defects? Y N					
General Notes:					
Reviewing Surveillance Team Member		Phone	Expiration of Permit	Date of Entry	Time of Entry

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CERTIFICATE OF COMPLIANCE	
This certificate shall be signed by an official of the company that provides cranes (or multi-purpose machines, material handling equipment, or construction equipment used to lift loads suspended by rigging gear) or rigging gear for any application under this contract. Post a completed certificate on each crane or alternate machine (or in the contractor's on-site office for rigging operations) brought onto Navy property.	
<u>CONTRACTING OFFICER'S POINT OF CONTACT</u> (Government Representative)	PHONE
PRIME CONTRACTOR/PHONE	CONTRACT NUMBER
CRANE OR ALTERNATE MACHINE SUPPLIER/PHONE (if different from prime contractor)	CRANE OR ALTERNATE MACHINE NUMBER (i.e., ID #)
CRANE OR ALTERNATE MACHINE MANUFACTURER/TYPE/CAPACITY	
CRANE OR ALTERNATE MACHINE OPERATOR'S NAME(S)	
<p>I certify that</p> <p>1. The above noted crane or alternate machine and all rigging gear conform to applicable OSHA regulations (host country regulations for naval activities in foreign countries) and applicable ASME B30 standards. The following OSHA regulations and ASME standards apply: _____</p> <p>2. The operators noted above have been trained and are qualified for the operation of the above noted crane(s) or alternate machine(s).</p> <p>3. The operators noted above have been trained not to bypass safety devices during lifting operations.</p> <p>4. The operators, riggers and company officials are aware of the actions required in the event of an accident as specified in the contract.</p>	
COMPANY OFFICIAL SIGNATURE	DATE
COMPANY OFFICIAL NAME/TITLE	
POST ON CRANE (OR ALTERNATE MACHINE) (IN CAB OR VEHICLE) (or in the contractor's on-site office for rigging operations)	

CONTRACTOR CRANE/WHE OPERATING PERMIT

NAVFAC MIDLANT CONTRACTOR CRANE/WHE OPERATING PERMIT

DATE ISSUED

EXPIRATION DATE

CONTRACTING AGENT NAME & PHONE# _____

CONTRACT #

AUTHORIZED LOCATION

EQUIPMENT CONTRACTOR

EQUIPMENT NUMBER

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CONTRACTOR CRANE/WHE ENTRY PACKAGE CHECKLIST

1	Company / Equipment Information	Company Name						
		Equipment Manufacture / Equipment Model / Equipment Number						
2	Date of Annual Inspection Expiration						CONTRACT NUMBER	
3	Date of Quadrennial Inspection Expiration							
4	Name & phone number of Contracting Official (or designated local representative)	Contracting Official						
		Phone Number						
5	Does the package include a routine or critical lift plan?						YES NO	
6	Has the contract been verified to contain all the requirements of NAVFAC P-307 Paragraphs 1.7.2 a.-j. as applicable?						YES NO	
7	Location of lift site							
8	Duration equipment will be continuously on the job site (hrs, days, weeks...)							
9	Does plan include certification from contractor that the equipment complies with applicable ASME standards IAW Ref. (c)?						YES NO	
10	Does plan include a certificate of compliance per COMNAVREGMIDLANTINST 11262.1A [enclosure (1)]?						YES NO	
11	Which OSHA regulations does the certificate of compliance indicate? (For cranes used in cargo transfer, 29 CFR 1917 applies; for cranes used in construction, demolition, or maintenance, 29 CFR 1926 applies; for cranes used in shipbuilding, ship repair, or ship breaking, 29 CFR 1915 applies).							
12	Does plan include valid medical certificate and proof of operator qualification from a source that qualifies crane/equipment operators (union, governmental agency, or an organization that tests and qualifies crane/equipment operators)? Verify qualification for each back-up operator (if provided) on the certificate of compliance.					YES	NO N/A	
13	Does the plan designate a qualified Rigger-in-Charge?					YES	NO	
14	What is the weight of the heaviest load to be lifted?					lbs.		
15	What is the weight of the rigging gear?					lbs.		
16	What are the crane components (and their weights) that add to the weight of the load (hook, jib, etc.)?					Main Block	lbs.	
						Aux. Block	lbs.	
						Jib (Stowed)	lbs.	
						Jib (Erected)	lbs.	
						Other	lbs.	
17	What is the maximum total crane lift (sum of 13, 14 & 15 above)?					TOTAL	lbs.	
18	What is the capacity of the equipment as configured?					lbs.		
19	What percentage of the equipment capacity does this lift represent?					%		
20	What is the main boom length? If a jib will be utilized, indicate the length and offset.					Main	Jib	Offset
21	What are the minimum and maximum load radii?				Min	Max		
22	Does the plan include the manufacturer's load chart for entire range of lift(s)?						YES NO	
23	Does plan include ground loading and outrigger reaction data to determine cribbing requirements, or a Waterfront Operational Permit?					YES	NO N/A	

Enclosure (2)

CONTRACTOR CRANE/WHE ENTRY PACKAGE CHECKLIST (CONT)

24	For crawler crane, does the plan indicate area restrictions for operation?	YES	NO	N/A
25	For floating crane, does plan include maximum allowable list?	YES	NO	N/A
26	For mobile crane mounted on barge, is crane equipped with load indicating device? Wind indicating device? Marine type list and trim indicator (readable in one-half degree increments)?	YES	NO	N/A
27	For mobile crane mounted on barge, does plan include revised load chart?	YES	NO	N/A
28	What are the environmental conditions under which crane/WHE operations are to be stopped?			
29	Will the crane perform critical lifts per COMNAVREGMIDLANTINST 11262.1A? (If no, skip items 29 -49.)	YES	NO	
30	What circumstances require this lift to be classified as a critical lift? (Blind lift, 75% of load chart non-routine rigging, etc.)			
31	What are the exact dimensions of the load? (L x W x H)			
32	Does the plan indicate the crane position? (Overhead view)	YES	NO	
33	What is the maximum lift height of the lift?			
34	What is the minimum boom angle?			
35	What is the maximum boom angle?			
36	What is the name of the operator?			
37	Indicate name(s) of backup operator (if required).			
38	Does the plan show lift points?	YES	NO	
39	Does the plan describe the rigging procedures?	YES	NO	
40	Does the plan indicate rigging hardware requirements?	YES	NO	
41	For personnel lifts, does the plan demonstrate compliance with 29 CFR 1926.1431?	YES	NO	N/A
42	Does EM 385-1-1 govern this lift?	YES	NO	N/A
43	What are the coordination and communication requirements for the lift (e.g., radio and hand signals)?			
44	For tandem or trailing crane lifts, does the plan indicate the make and model of the crane, the line, boom, and swing speeds, and the requirement for an equalizer beam?	YES	NO	N/A
45	For floating cranes, refer to questions 20-22?			
46	What is the name of the lift supervisor?			
47	Does the plan indicate the qualifications of the lift supervisor?	YES	NO	
48	What are the names of the riggers?			
49	Does the plan indicate the qualifications of the riggers?	YES	NO	
50	Did all involved personnel (Operator, Riggers, Lift Supervisor, etc.) sign the critical lift plan?	YES	NO	

Signature below verifies crane package complies with CNRMA INST 11262.1A and NAVFAC P -307

Contracting Official:	Organization:	Signature:	Date:	Phone:
Reviewed By:				

CONTRACTOR CRANE OR RIGGING OPERATIONS CHECKLIST				
		YES	NO	N/A
1	Is the Certificate of Compliance, P-1, in the operator's cab (or in the contractor's on-site office for rigging operations) with the current operator's name listed?			
2	Is the crane/machine transited to and from the job site correctly? Are the OEM instructions for travel being followed?			
3	Does the operator know the weight of the load to be lifted?			
4	Is the load to be lifted within the crane/machine manufacturer's rated capacity in its present configuration?			
5	Are outriggers or stabilizers required?			
6	If outriggers are required, are outriggers fully extended and down, and the crane load off the wheels?			
7	Is the crane/machine level and on firm ground, if the ground is not firm is the crane/machine blocked?			
8	If blocking is required, is the entire surface of the outrigger pad supported and is the blocking material of sufficient strength to safely support the loaded outrigger pad?			
9	If outriggers are not used, is the crane/machine rated for on-rubber lifts by the manufacturer's load chart? If stabilizers are used and not outriggers and the wheels are not off the ground is this the correct setup in accordance with the OEM?			
10	Is the swing radius of the crane counterweight clear of people and obstructions and accessible areas within the swing area barricaded to prevent injury or damage?			
11	Has the hook been centered over the load in such a manner to minimize swing?			
12	Is the load well secured and balanced in the sling or lifting device before it is lifted more than a few inches?			
13	Is the lift and swing path clear of obstructions?			
14	If rotation of the load being lifted is hazardous, is a tag or restraint line being used?			
15	Are personnel prevented from standing or passing under a suspended load?			
16	Is the operator's attention diverted?			
17	Are proper signals being used at all times? Is the operator responding properly to the signals? Are radios used for blind lifts?			
18	Is the load lifted a few inches to ensure it is secure and balanced?			
19	Are empty hooks lashed or otherwise secured during travel to prevent swinging?			
20	Does the operator remain at the controls while the load is suspended?			
21	Do the operations ensure that side loading is prohibited?			
22	Are personnel prevented from riding on a load?			
23	Are start and stop motions in a smooth fluid motion (no sudden acceleration or deceleration)?			
CONTRACTOR CRANE OR RIGGING OPERATIONS				

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CHECKLIST (CONT).				
24	If operating near electric power lines, are the rules and guidelines understood and adhered to?			
25	Is the lift a critical lift?			
26	If so, are all regulations understood and check-off sheets initialed and signed off?			
27	Are any overhead power lines in the vicinity?			
28	If so, are complex lift rules and 1926.1407-1411 being followed?			
29	If pick and carry operations are allowed and performed, are OEM directions followed (e.g. rotation lock engaged, boom centered over front or rear, etc.)?			
30	When the crane/machine is left unattended, is it in a safe condition?			
31	Is rigging gear undamaged and acceptable for the application?			
32	Does rigging gear meet applicable ASME or host country standards (e.g. ASME B30.9 for slings, B30.10 for hooks, B30.26 for hardware such as shackles, safety hoist rings, eyebolts, etc, B30.20 for below the hook lifting devices, etc.)?			
33	Is the rigging gear inspected prior to use?			
34	Is chafing gear used to protect slings (especially synthetic slings) and equipment from damage due to sharp corners and edges?			
35	Is the rigging gear used in accordance with its working load limit? Is the load limit visible?			
36	Are positive latching devices used on crane and rigging hooks, or are the hooks "moused"?			
Contractor:		Subcontractor:		
Location:			Date:	
Notes:				
Signature of Contracting Officer's Representative:				

LIFT PLAN DETAIL SHEET

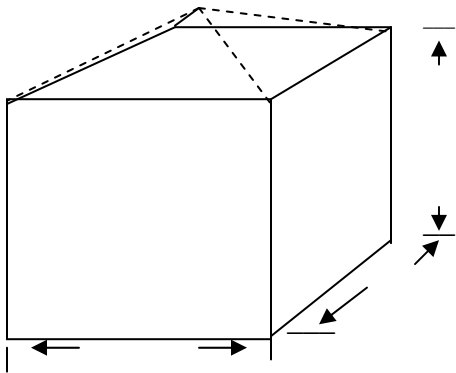
NON-Critical _____

Critical _____

Before making a critical or non-critical lift plan, qualified personnel shall prepare the lift plan, which can be, qualified members of the crane team, site supervisor/lift director or crane engineer. Key members, such as the lift supervisor, rigger and crane operator shall participate in the preparation.

The plan shall designate the crane operator, lift supervisor and rigger and state their qualifications

For tandem or tailing crane lifts, the plan will specify the make and model of the cranes, the line, boom, and swing speeds, and requirement for an equalizer beam.



RIGGING PLAN DETAIL LIFT POINT
DESIGNATED AS (X)

ALSO, MANUFACTURE OR COMPANY'S
DETAIL DRAWING IS ACCEPTABLE

OPERATOR

QUALIFIED RIGGER IN CHARGE

QUALIFIED RIGGERS

Rigging Gear Used A _____
Specifications

B _____

C _____

D _____

Crane Make & Model _____

Personnel Basket Inspection Date _____ Total weight of test weight _____

Rigging Procedure _____

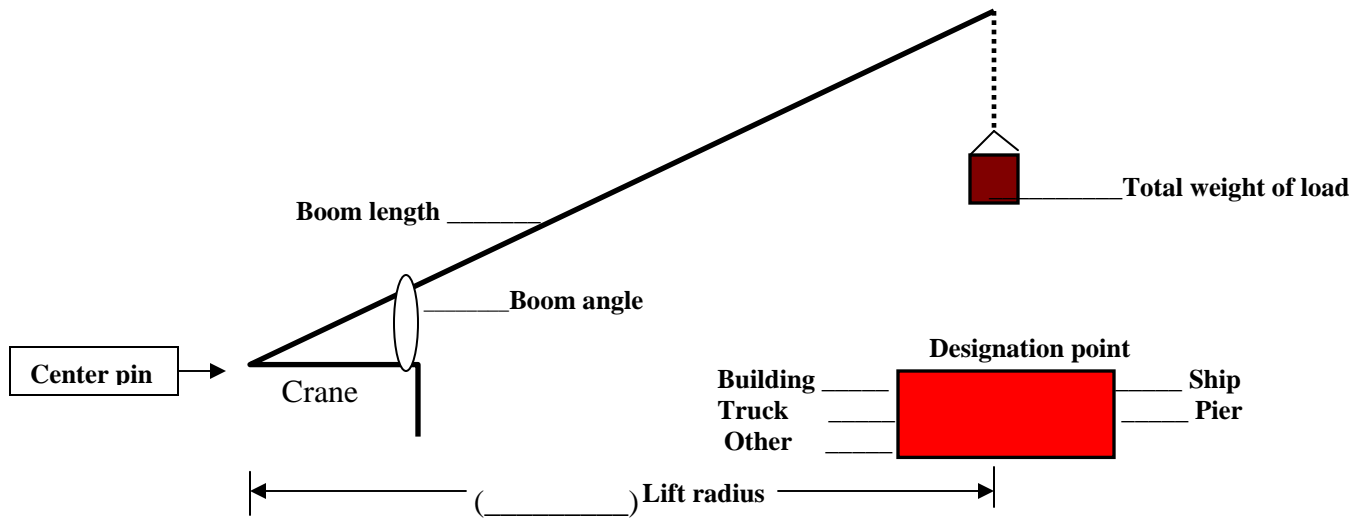
COMMUNICATION:

A. Hand Signals ____ B. Two-way Radio ____ C. Others Specify _____

LIFT PLAN DETAIL SHEET

NON-Critical_____

Critical_____



GROUND CONDITIONS

Mat (cribbing) design is to be provided by the contractor, which will be used to achieve a level and stable foundation of sufficient bearing capacity for the lift.

Crane is to be positioned on: concrete____, asphalt____, grassy area____, solid____, sand____,

Other (specify) _____

ENVIRONMENTAL CONDITIONS

Lift operations shall be immediately terminated if the following conditions arise:

- Adverse operating condition: (climatic conditions (snow, ice, severe rain, wind, thunderstorms).
- Winds in excess of _____ mph.
- Other factors (specify) _____

- Comments: _____